

APPLICATION TO
**EXTEND A PROVISIONAL ARTS EDUCATION PREK-12, EARLY CHILDHOOD,
ELEMENTARY, SECONDARY, OR SPECIAL EDUCATION CERTIFICATE**
ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

GENERAL INSTRUCTIONS AND INFORMATION:

*Provisional certificates may be extended **ONLY ONCE** for an additional 3 years. Certificate may be extended 2 months prior to expiration. Please submit the following:*

- A. A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (**IVP**) fingerprint card (plastic).
- B. A completed application and a \$20 money order, cashier's check or personal check **ONLY** for each certificate being extended, made payable to the Arizona Department of Education (**ADE**). Fees are not refundable. **Cash will not be accepted.**
- C. Verification of state approved Structured English Immersion (SEI) training. Note: If you have held the Provisional SEI endorsement for 3 or more years you must apply for the Full SEI endorsement. Please submit either official transcripts or certificate of completion of State Board approved SEI training. Individuals who hold an Arizona Full Bilingual or Full ESL endorsement are exempt from the SEI endorsement requirement. If verification for the Full SEI has been previously submitted, it is not necessary to submit again.
- D. Official transcripts OR passed score report required for AZ and/or US Constitution deficiency.

Are you applying for a Provisional SEI or Full SEI endorsement? **YES**____ **NO**____

If **YES**, please check one of the following:

SEI Endorsement\$60

Are you removing an AZ and/or US Constitution deficiency? __**YES** __**NO**

I have the following deficiency:

\$20

__ US Constitution Deficiency

__ AZ Constitution Deficiency

SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____)____-____ **Email Address:** _____

Ethnicity: ____American Indian or Alaskan Native ____Black or African-American (Not-Hispanic) ____White (Not-Hispanic)
____Asian or Pacific Islander ____Hispanic or Latino ____Other
(Gender and Ethnicity are requested for federal reporting purposes only)

SECTION 2: CERTIFICATE(S) TO EXTEND

I verify I have not been employed in a full-time teaching position for 4 semesters or two school years and request a one-time three-year extension. Please select the certificate(s) you would like to extend:

___Provisional Arts Education, PreK-12 ___Provisional Elementary ___Provisional Special Education
___Provisional Early Childhood ___Provisional Secondary

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SECTION 3: CRIMINAL HISTORY

Answer EVERY question, Sign and Date:

ATTENTION: If “YES” is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. YES__NO__ Have you ever had any professional certificate or license, revoked or suspended?
2. YES__NO__ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. YES__NO__ Have you ever been convicted of any felony offense?
4. YES__NO__ **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

- | | | | |
|-----------|---|-----------|---|
| YES__NO__ | a Second-degree murder | YES__NO__ | n Continuous sexual abuse of a child |
| YES__NO__ | b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age | YES__NO__ | o Attempted first-degree murder |
| YES__NO__ | c Sexual assault | YES__NO__ | p Any other dangerous crime against children as defined in section 13-604.01 |
| YES__NO__ | d Molestation of a child | YES__NO__ | q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 |
| YES__NO__ | e Sexual conduct with a minor | YES__NO__ | r Any offense causing you to register as a sex offender |
| YES__NO__ | f Commercial sexual exploitation of a minor | YES__NO__ | s First-degree murder |
| YES__NO__ | g Sexual exploitation of a minor | YES__NO__ | t Armed Robbery |
| YES__NO__ | h Child abuse | YES__NO__ | u Incest |
| YES__NO__ | i Kidnapping | YES__NO__ | v Exploitation of minors involving drug offenses |
| YES__NO__ | j Sexual abuse of a minor | YES__NO__ | w Sexual abuse of a vulnerable adult |
| YES__NO__ | k Taking a child for the purpose of prostitution as prescribed in section 13-3206 | YES__NO__ | x Sexual exploitation of a vulnerable adult |
| YES__NO__ | l Child prostitution as prescribed in section 13-3212 | YES__NO__ | y Commercial sexual exploitation of a vulnerable adult |
| YES__NO__ | m Involving or using minors in drug offenses | YES__NO__ | z Abuse of a vulnerable adult |
| | | YES__NO__ | aa Molestation of a vulnerable adult |
| | | YES__NO__ | bb Neglect of a vulnerable adult |

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Applicant's Signature _____

Date _____